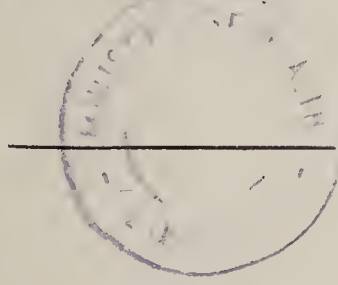


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**STOCKSBRIDGE
URBAN DISTRICT COUNCIL**



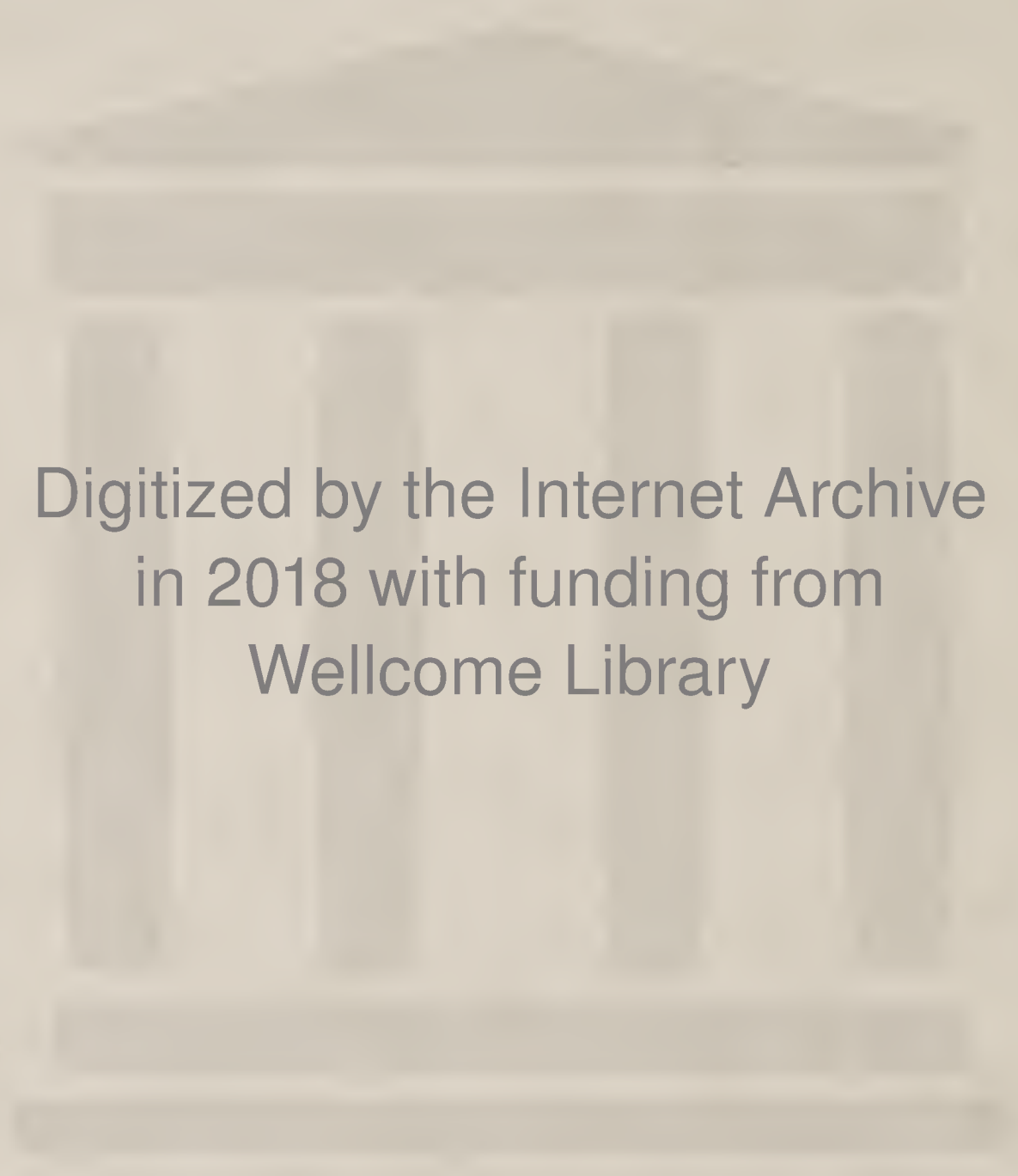
**ANNUAL
REPORT**

of the

Medical Officer of Health

for the Year

1964



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STOCKSBRIDGE
URBAN DISTRICT COUNCIL

ANNUAL
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for the Year
1964

STOCKSBRIDGE URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1964.

Councillor L. H. SCHOLEY (Chairman)

- „ A. SWEENEY, J.P. (Chairman of the Council)
 - „ J. C. BATTYE (Vice-Chairman of the Council)
 - „ J. W. ALLOTT
 - „ Miss M. E. BALFOUR
 - „ R. CHALLIS (Commenced 21/5/64)
 - „ H. CLIXBY, J.P.
 - „ A. E. DAVIES
 - „ A. HAWLEY
 - „ A. E. JACKSON, J.P.
 - „ S. G. MEGGITT, J.P.
 - „ A. T. NEEDLE
 - „ C. WATKINSON (Retired 21/5/64)
-

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health :

J. MAIN RUSSELL, M.B., Ch.B., (Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health and Senior Assistant County Medical Officer :

F. C. ARMSTRONG, M.B., Ch.B., D.P.H. (St. Andrews)

Public Health Inspector and Surveyor :

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.
(Retired 21/9/64)

A. E. KAYE, R.S.H., Cert., M.S.I.A.
(Appointed Public Health Inspector 22/9/64)

Pupil Public Health Inspector :

E. MOORE.

OFFICIAL ADDRESS OF MEDICAL OFFICER OF HEALTH :

Divisional Health Office,
Mortomley Hall,
High Green,
Nr. Sheffield.

Tel. No. High Green 292.

STOCKSBRIDGE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health

for the year 1964.

**To the Chairman and members of the
Stocksbridge Urban District Council.**

Lady and Gentlemen,

I have the honour to present my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1964. As usual, I am including in the report some statistics of the extent to which the Part III services of the Local Health Authority were used during the period under review.

The Vital Statistics for 1964 are quite good.

Birth Rate.

The Birth Rate is the same as that for 1963, i.e. 17.7 per 1,000 of the estimated population, but at this figure it is still lower than that for England and Wales and the Administrative County of the West Riding. The corrected rate is 18.0.

Crude Death Rate.

The Crude Death Rate is 9.1 per 1,000 of the estimated population, and shows an improvement compared with the rate for 1963. This rate compares favourably with that for England and Wales, for the Administrative County of the West Riding, and that for the Aggregate Urban Districts in the West Riding. The corrected Death Rate is 11.5.

Still Birth Rate.

Last year the Still Birth Rate, at 4.9 per 1,000 Live and Still Births, was the lowest for any year for which I had records. The year 1964 was even better, with a rate of 4.8. This compares very favourably with 16.3 for England and Wales and 17.6 for the Administrative County of the West Riding.

Infantile Mortality Rate.

In 1964 there was a very much better Infantile Mortality Rate than the relatively high one of 1963. At 14.6 per 1,000 Live and Still Births the rate, although not so low as 1962, is much lower than that for the rest of the country. The rate for England and Wales was 20.0, for the West Riding Administrative County 22.2, and for the aggregate of Urban Districts in the West Riding 22.1. There were three deaths in infants under 1 year of age — all males. They died within a week of being born, and in all cases death was due to conditions which at this stage one could not say were non-preventable. Birth injuries and prematurity were the causes.

Of the total number of deaths (106) a third were due to diseases of the circulatory system, including heart disease. There were 26 deaths due to coronary artery disease — 3 less than in 1963, but still a sizeable number. Many theories have been advanced to account for the prevalence of this dreadful condition, but of the factors consistently mentioned, overweight, lack of exercise and cigarette smoking are all mentioned. A few more than a fifth of the total number of deaths were due to malignant disease — of the 22 cases there were 6 deaths from lung cancer (1 more than in 1963). Frankly I am worried about this — the numbers are increasing. What can we do about it? Here, again, so many factors have been marked down as predisposing to the disease, but of the lot the only one which has been proved to have any bearing is excessive cigarette smoking. I wish someone would tell me how to get it over to people that this danger exists. We have tried hard to get the younger folk to refuse to start the habit, and if started to give it up, but if we are to be successful in this we must be assured these youngsters are encouraged in their effort. This is the “rub” — they see their parents smoking, their favourite film star — even football stars. It makes things difficult.

There were 3 deaths due to violence — 2 less than in 1963. They were 1 suicide (male), 1 road accident involving a motor vehicle (male) and 1 an accident in the Steel Works (male).

The Infectious Diseases picture remained more or less the same as that for 1963. There was one less notification than last year. There were 18 more cases of Measles, but fewer cases of Whooping Cough. Except for one case of meningococcal infection all the notified cases were made up of Measles

(56) and Whooping Cough (6). I understand that preliminary reports of the results of the field trials with the Measles Vaccine are good, so we can look forward to including this vaccine in our list of general prophylactics offered to those at risk in the near future.

Mr. Kaye, the Public Health Inspector, has provided that part of the report which deals with Sanitary Circumstances. In his statistical review of the year we find that there is a total of 4,179 houses in the district, an increase of 74 compared with 1963. In all there are 4,114 houses which receive water from public supplies, and 65 receive water from private, piped sources. The main supplies are provided by the Sheffield Corporation water undertaking, who keep a very close watch on the commodity, and issue monthly reports as to its chemical and bacteriological purity. A very high standard of water purity has been maintained throughout the year in those supplies. In the private supplies one sample was taken for bacteriological examination and it was found to be satisfactory. We had no reason to suspect that the private supplies were in any way faulty, either quantitatively or qualitatively.

So far as sewerage and sewage disposal is concerned, 4,101 houses are connected direct to sewers, each having a water closet. Of the remainder 10 have a satisfactory private drainage arrangement, and the remaining 68 were less satisfactory in that they required constant supervision, and consisted mostly of earth and pail closets.

At the end of the year I am glad to say that the new Sewage Disposal Works were in operation, and that one or two relatively small works connected with the Disposal Works should be completed early in the year. The Sewage Disposal Works are excellently designed and they are functioning extremely well. The new sections of sewer which I reported last year were awaiting completion have been, in fact, completed, and only small additions to this sewer section have still to be attached. It is very gratifying to know that we now have a satisfactory Sewage Disposal Works for the district, and that we are now relieved of the attendant worries about the inadequacy that we have experienced in recent years.

In concluding my report I would like to put on record my thanks to the Chairman and members of the Health Committee for their continuing support throughout the year.

I would like to include in this the Clerk and all other members of the staff of the Council for their helpful co-operation. I am grateful indeed to Mr. Robinson and Mr. Kaye for their personal kindness to me, and for their efficient service to the department. During the year Mr. Robinson retired from the service, and I would like, here, to put on record my deep appreciation for his kindness to me and for his devoted service to my department during the years I have been your Medical Officer of Health. On my own behalf and on behalf of my staff in the Divisional Health Office I wish him a happy retirement. I welcome Mr. Kaye to the staff, and I look forward to a happy association with him.

Finally I would like to put on record my grateful thanks to my colleague, Dr. F. C. Armstrong, who has always been available to help me with the work and to share the many problems that have arisen.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Stocksbridge Urban District covers an area of 4,630 acres. The number of inhabited houses at the end of 1964 was 4,179. The rateable value of the district is £653,217 whilst the product of a penny rate is £2,600 as at 1st April, 1964.

VITAL STATISTICS.

Population.

The Registrar General has given his estimation of the population as 11,650, an increase of 260 as compared with the 1963 figure.

Births.

There were 206 live births registered in the district during the year. Of these 98 were males and 108 females. There were 5 illegitimate births, 2 male and 3 female.

Still-Births.

During the year there was one female still-birth. There were no illegitimate still-births.

Deaths.

106 deaths were attributed to the district during 1964, 68 male and 38 female.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the Country.

RATES PER 1,000 TOTAL POPULATION.

Year	England and Wales	West Riding Administrative County	Stocksbridge U. D.
------	-------------------------	---	-----------------------

LIVE BIRTHS (Rates per 1,000 of the Population)

1964	18.4	18.5	17.7
1963	18.2	18.2	17.7
1962	18.0	17.8	16.1
1961	17.4	17.2	17.2
1960	17.1	16.9	17.3

DEATHS (Crude Death Rate) (Rates per 1,000 of the Population)

1964	11.3	11.5	9.1
1963	12.2	12.0	12.2
1962	11.9	12.0	8.6
1961	12.0	12.1	9.6
1960	11.5	11.5	9.9

STILL-BIRTHS (Rates per 1,000 Live and Still Births)

1964	16.3	17.6	4.8
1963	17.3	18.7	4.9
1962	18.1	18.5	27.2
1961	18.7	20.2	10.5
1960	19.7	22.4	21.2

PRINCIPAL CAUSES OF DEATH.

Cancer.	Male	Female	Total
Malignant neoplasm, breast	—	1	1
Malignant neoplasm, stomach	—	1	1
Malignant neoplasm, lung and bronchus	5	1	6
Malignant neoplasm, uterus	—	1	1
Other malignant and lymphatic neoplasms including leukaemia	11	2	13
Diabetes	—	—	—
Nervous System			
Vascular lesions of nervous system	6	9	15
Circulatory System			
Coronary disease, angina	19	7	26
Hypertension with heart disease	—	—	—
Other heart disease	6	4	10
Other circulatory diseases	2	3	5
Digestive System			
Ulcer of stomach and duodenum	1	—	1
Gastritis, Enteritis and Diarrhoea	—	1	1
Respiratory System			
Pneumonia	1	—	1
Bronchitis	7	5	12
Other diseases of Respiratory System	2	—	2
Congenital Malformations	—	—	—
Other Defined and Ill-Defined Diseases	5	3	8
Suicide	1	—	1
Accidents			
Motor Vehicle	1	—	1
All other accidents	1	—	1
All Causes	68	38	106

AGE DISTRIBUTION OF DEATHS.

								Male	Female
Under 1 year	.....	.....	.....	.....	.....	.....	.....	3	—
1 to 2 years	.....	.....	.....	.....	.....	.....	.....	—	—
2 to 5 years	.....	.....	.....	.....	.....	.....	.....	—	—
5 to 15 years	.....	.....	.....	.....	.....	.....	.....	—	—
15 to 25 years	.....	.....	.....	.....	.....	.....	.....	1	—
25 to 45 years	.....	.....	.....	.....	.....	.....	.....	3	—
45 to 65 years	.....	.....	.....	.....	.....	.....	.....	21	8
65 years and over	.....	.....	.....	.....	.....	.....	.....	40	30
								—	—
TOTAL								68	38
								—	—

Infantile Mortality.

There were 3 deaths under 1 year of age (male), equivalent to a rate of 14.6 per 1,000 live births.

DEATHS UNDER 1 YEAR.

(Rates per 1,000 Related Live Births)

Year					England and Wales	West Riding Administrative County	Stocksbridge U.D.
1964	.....	.....	.....	.....	20.0	22.2	14.6
1963	.....	.....	.....	.....	20.9	23.0	24.8
1962	.....	.....	.....	.....	21.4	23.3	11.2
1961	.....	.....	.....	.....	21.4	24.6	15.9
1960	.....	.....	.....	.....	21.7	22.5	16.2

**TABLE SHOWING AGE DISTRIBUTION OF
INFANTILE DEATHS.**

Cause of Death				Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Intra-Cranial Haemorrhage	.....			1	—	—	—	1	—	—	—	—	1
Prematurity	.....	.....		1	—	—	—	1	—	—	—	—	1
Respiratory Distress Syndrome	.....			1	—	—	—	1	—	—	—	—	1
Total	.....	.....	.....	3	—	—	—	3	—	—	—	—	3
1963	.....	.....	.....	4	—	—	—	4	1	—	—	—	5
1962	.....	.....	.....	1	—	—	—	1	1	—	—	—	2
1961	.....	.....	.....	1	—	—	1	2	1	—	—	—	3
1960	.....	.....	.....	2	—	—	—	2	1	—	—	—	3

Epidemic Diseases.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

Maternal Mortality.

There were no maternal deaths during 1964.

Inquests.

Inquests were held on 3 occasions and in 12 cases the cause of death was certified by the Coroner after Post-mortem Examination without Inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57.

Vital Statistics.

Live Births	206.
Live Birth Rate per 1,000 population	17.7
Illegitimate Live Births per cent of total live births	2.4
Still-births	1.
Still-birth Rate per 1,000 total live and still births	4.8
Total Live and Still-births	207.
Infant Deaths (deaths under 1 year)	3.

Infant Mortality Rates.

Total infant deaths per 1,000 total live births	14.6
Legitimate infant deaths per 1,000 legitimate live births	14.9
Illegitimate infant deaths per 1,000 illegitimate live births	—.
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.6
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	14.6
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	19.3

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 63 cases of Infectious Disease were notified. They were distributed as follows :—

	Notifications	After Correction
Measles	56	56
Whooping Cough	6	6
Erysipelas	—	—
Meningococcal Infection	1	1
	<hr/> 63 <hr/>	<hr/> 63 <hr/>

ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

Disease	England and Wales	West Riding Administrative County	Stocksbridge U. D.
Erysipelas	0.04	0.04	0.00
Scarlet Fever	0.42	0.70	0.00
Pneumonia	0.20	0.21	0.00
Measles	6.47	8.41	4.80
Whooping Cough	0.67	0.87	0.51
Dysentery	0.43	0.25	0.00
Meningococcal Infection	0.01	0.01	0.08

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS.

DISEASE	Age Groups	Age Groups										TOTALS			
		0—1 year	1—2 years	2—3 years	3—4 years	4—5 years	5—10 years	10—15 years	15—25 years	25—35 years	35—45 years		45—65 years	65 and over	Age Unknown
Measles	1	7	4	14	9	21	—	—	—	—	—	—	—	56
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	1	2	—	3	—	—	—	—	—	—	—	6
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	1	7	5	16	9	24	—	—	—	—	—	—	—	63
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Scarlet Fever.

For the fifth year in succession there has been no case of Scarlet Fever notified within the district. This is a very satisfactory situation, particularly when the attack rate for England and Wales was 0.42 and for the West Riding Administrative County 0.70.

Measles.

There was an increase in the number of Measles cases notified during 1964. In all there were 56 cases, an increase of 18. The disease became apparent early in the third quarter of the year, during which period 28 cases were notified. In the last quarter there were 27 cases notified. The other one occurred in the second quarter. One expected to have a recurrence of the disease during 1964, and as the incidence is usually biennial one looked for a higher incidence. Of the total, 32 cases were notified from Deepcar and 24 from Stocksbridge.

The attack rate for Measles for the year was 4.80 compared with a figure of 6.47 for England and Wales and 8.41 for the West Riding Administrative County.

Whooping Cough.

In all 6 cases of Whooping Cough were notified during the year, equivalent to an attack rate of 0.51 for Stocksbridge, comparing favourably with that for England and Wales at 0.67 and with that for the West Riding Administrative County at 0.87. All the cases occurred during the early part of the year, in fact during the first quarter. The first case appeared in Deepcar, and in all 4 were notified from Deepcar and 2 from Stocksbridge.

When cases of Whooping Cough are reported we immediately check through our records to find if, in fact, these children have been immunised, and we found that 2 of the 6 children notified had been immunised. Admittedly the disease in each case was of a mild type, and one wonders just how severe a form of the disease those children might have had had they not been immunised. Alternatively, it is quite possible that the disease was contracted fairly soon after immunisation and before a state of immunity had been established.

We continued to offer immunisation against the disease, and in 1964 a total of 126 children were treated. This is 33 less than in the previous year. All the children treated were

under the age of 5 years. I do hope that there is not going to be a falling off in this protection, since it is anticipated that in the not too distant future there will be another prophylactic available, namely a Measles Prophylactic, and it is most essential that the introduction of a new Prophylactic will not detract from the need to continue with the ones previously available : The vaccines are always available in the vaccine store at my office, and general practitioners and clinics are supplied from there on demand. The vaccine itself can be either a pure Whooping Cough vaccine, or it can be a vaccine combined with those for Diphtheria and Tetanus.

Smallpox.

During the year 22 persons were vaccinated against Smallpox, an increase of 9 compared with the figure for 1963. Of those 1 was under the age of one year, and 21 in varying ages between 1 and 15 years. It would appear from this that the desire for protection against Smallpox still remains, although one would like to see these figures increased.

Diphtheria.

Again there were no cases of Diphtheria to report during the year, and one hopes that this state of affairs will remain. It is essential, of course, that we "plug" the need for immunisation against the disease at every opportunity. There is a tendency for parents to forget about Diphtheria, but there is little chance of them escaping the propaganda of the Health Department, and we find that it is necessary to keep this high pressure "salesmanship" going. In our Clinics and schools everything is done to see that parents do not forget about it.

The number of children protected during 1964 was 138, 24 less than in the previous year. Of the total 126 were under the age of 5, and 12 between the ages of 5 and 15. At the first school medical examination, at the age of 5 years, 111 children received the reinforcing booster dose of antigen. In this case there was an increase of 38 compared with the figure for 1963.

Poliomyelitis.

There were no cases of Polimyelitis notified during the year. The staff occupied much time in persuading the mothers of children to accept the protection by Oral Vaccine, and this was generally well accepted. Again, one finds that because there are no cases of Poliomyelitis the fear of the disease and the demand for immunisation has slackened off. Nevertheless, this is another case where high pressure propaganda from the department's fieldworkers keeps it ever before the young mothers, and vaccination is more or less a routine measure with children attending the Clinic.

I am appending below the statistics for the numbers vaccinated against Poliomyelitis in the Division. As I have mentioned previously, with such overlapping of boundaries in the County Districts it is not easy to be precise in attributing numbers to each respective district. I find it much more convenient to give Divisional figures.

POLIOMYELITIS VACCINATION, 1964.

Persons completing primary immunisation :

		Number of persons who have received:		
		Second injection of Salk vaccine or third injection of quadruple vaccine	Third dose of Oral vaccine	Total
AGE GROUP.		(1)	(2)	(3)
(a) Children born in 1964	.....	—	205	205
(b) Children born in 1963	.....	—	714	714
(c) Children born in 1962	.....	—	98	98
(d) Children born in 1961	.....	2	38	40
(e) Children and young persons born in years 1943-1960	.....	5	109	114
(f) Young persons born in years 1933-1942	.....	—	1	1
(g) Others	.....	—	20	20
(h) TOTAL	.....	7	1185	1192

Persons receiving reinforcing doses :

(a) Number of persons given third injections of Salk vaccine or fourth injections of quadruple vaccine	2
(b) Number of persons given fourth injections of Salk vaccine or fifth injections of quadruple vaccine	—
(c) Number of persons given a reinforcing dose of oral vaccine after :	
(i) 2 Salk doses	2
(ii) 3 Salk doses	5
or 3 Oral doses	674
or 2 Salk doses plus 2 Oral doses	43

Tuberculosis.

During 1964 there were 4 cases of Tuberculosis notified, and one case was transferred from a neighbouring County District. There were 3 cases of Pulmonary Tuberculosis and 1 of Non-Pulmonary. All the cases are now under the care of the Chest Physician. In every instance the Tuberculosis Health Visitor visited the homes and saw the patients at the Chest Clinic, and a very close relationship between the environment and the hospital was established in each case.

The important factor in all cases of infection is searching for the origin of the disease, and this was pursued with vigour in every instance. All contacts of the disease were checked, and those at risk were invited for a check-up by the Chest Physician and, if need be, X-ray examination. I am very glad to say that the Tuberculosis Health Visitor reports very helpful co-operation on the part of all families. I have noticed this change over the years, where there is less resentment at investigations into such diseases as Tuberculosis. I have also noticed that there is less fear and suspicion when the disease is mentioned in the home. A much more sensible and realistic attitude is taken to the disease, and this is all to the good. We must remember that the word Tuberculosis, or Consumption, has not the ominous ring that it used to have, because early diagnosis and early intensive treatment will bring a cure in almost every case.

Towards the end of the year the Mobile Unit for Mass Miniature Chest X-ray visited Stocksbridge, and was established in the Works of Messrs. Samuel Fox & Company. The Director of the Unit very kindly offered me and arranged for a number of sessions so that I could organise for people at special risk and special groups to have the benefit of the service. These groups included 30 schoolchildren from High Green, Colley Estate, Yew Lane and Bradfield Secondary Schools, whose preliminary skin test at B.C.G. sessions proved positive. A bus was chartered and the pupils were collected at school and returned there afterwards. The Stocksbridge Senior Modern School cases were all dealt with earlier in the year. Another group who also attended the X-ray Unit was from school and included teaching staff and School Meals Service staff — a total of approximately 60.

In view of the discovery of a case of active Tuberculosis and two cases of Bronchial Neoplasm (Lung Cancer) detected at this survey it is obvious that it was a worth while exercise to have this Unit here and encourage the general public to attend. The Medical Director did say that this was particularly so when these "three cases were detected out of a very small number of examinees".

SUMMARY OF SURVEY HELD AT MESSRS. SAMUEL FOX & CO. LTD.

25th November — 17th December, 1964.

Attendances for :—

Miniature Film Examination :	Male	Female	Total
Samuel Fox	4651	563	5214
\$General Public	39	208	247
*Doctors Patients	4	3	7
‡School Children	19	12	31
Total Miniature Films	4713	786	5499
Large Film Recall	136	7	143

Patients referred to :—

Chest Clinic :

Samuel Fox	30	—	30
General Public	2	—	2

General Hospital :

General Public	1	—	1
----------------------	---	---	---

Recheck :

Samuel Fox	13	1	14
------------------	----	---	----

Own Doctor :

Samuel Fox	70	7	77
General Public	1	5	6

\$ A number of these were Old Age Pensioners, who attended in a group.

* Patients referred at request of family doctor.

‡ Children who produced a strongly positive Mantoux reaction.

PROVISIONAL DIAGNOSIS OF PATIENTS REFERRED TO CHEST CLINIC AND GENERAL HOSPITAL.

Samuel Fox & Co. Ltd.	Male	Female
Active Tuberculosis	6	—
Inactive Tuberculosis	7	—
Bronchial Neoplasm	5	—
Sarcoidosis	1	—
Acute Inflammatory Condition	2	—
Cystic Bronchiectasis	1	—
Eventration of Diaphragm	1	—
Bronchitis and Emphysema	2	—
Post Inflammatory Fibrosis	3	—
Pneumoconiosis	2	—

General Public

Active Tuberculosis	1	—
Bronchial Neoplasm	1	1
Bronchiectasis	1	—

SOME OTHER ABNORMALITIES DISCOVERED.

	Male	Female
Samuel Fox & Co. Ltd.		
Inactive Tuberculosis	8	1
Heart Disease	11	1
Pneumoconiosis	15	—
Pneumoconiosis with P.M.F.	2	—
Bronchitis and Emphysema	11	—
Bronchiectasis	4	—
Acute Inflammatory Disease	4	—
Post Inflammatory Fibrosis	2	—
Pleural Thickening	2	—

General Public

Heart Disease	1	3
Bronchitis and Emphysema	1	—

B.C.G. Vaccination.

The scheme for offering protection against Tuberculosis by B.C.G. Vaccination still operates ; we offer it to children who have reached the 11+ stage. Seldom, if ever, is the offer refused. I am grateful to parents for this co-operation in our work in the field of preventive medicine. It would be well nigh hopeless to continue with these schemes unless we had the whole-hearted support of parents. We get this in Stocksbridge, in every section of our work, and we thank them for this encouragement.

There were 82 children who presented themselves for preliminary skin testing. Of this number 12 gave a positive reaction, indicating they had already met with the infection and had acquired a degree of immunity. The reactions were very slight, but enough to decide for us that it would be unwise to re-submit them to another dose of infection.

In all, 68 were successfully vaccinated ; the 2 remaining were absent at the vaccination session and have been listed for inclusion in the 1965 group.

Brucellosis.

In January we had a report from the Public Health Laboratory informing us that a bulk sample of milk taken from a producer-retailer's stock was infected with *Brucella Abortus* organisms. The supply had to be stopped at once, and this was done. An order under the "Milk and Dairies Regulations, 1959" was presented to the farmer. We advised him to call in his own Veterinary Surgeon and ask him to collect individual specimens of milk from all his cattle, which was done. The samples were sent to the laboratory, and a quick test showed that only two cows were infected. In consequence I varied the order and made it applicable only to the two infected animals, thus releasing the remainder of the herd from isolation. Fortunately, the farmer was shortly giving up his business, and it was arranged that the cattle at risk were sent for slaughter. There was no further evidence of infected milk at the farm thereafter.

The disease is easily transmitted to humans who consume infected milk. The person, if infected, suffers from Undulant Fever, and can become really ill. We have had no evidence that any one suffered from the disease, but it is always a possibility when milk is consumed which has not been previously Heat Treated.

Typhoid Fever.

There were no cases of Typhoid Fever within the district during 1964. Needless to say you will remember the tremendous excitement in the country in June last year, during the epidemic in Aberdeen, which epidemic was found to be caused by a can of corned beef containing the typhoid bacillus. On discovering that the epidemic might be associated with cold cooked meat, principally corned beef, every Health Department in the country was notified about the incident, and the need for collecting and arresting certain supplies of the cans which bore particular serial numbers. This involved immediate cessation of all normal routine duties in the department, and the Public Health Inspectors spread out over the district, questioning and examining, cross-checking all supplies of corned meat. Large numbers of tins of corned beef were examined, and there were 3 tins found which came within the series range. Acting on instructions the retailers were instructed to return these tins to the wholesaler, where presumably other arrangements were made for their safe keeping and, if need be, destruction. This involved a tremendous amount of time and effort.

I want to put on record how much I appreciate the enthusiasm with which the Public Health Inspectors tackled this problem so quickly and so efficiently in such a short time.

Health Education.

General Health Education was carried out in all clinics (although Health Visiting staff was very limited for 3 — 4 months from April to July) to individual and small groups of mothers. This followed, in the main, the pattern laid down in a previously prepared monthly programme. Film strips and peg board displays were used in an endeavour to teach the public to approach a good healthy life with a positive attitude.

Health Education is carried out daily, as members of the nursing and public health team are visiting within the homes of the general public.

Miss Holden gave talks to outdoor groups, and she endeavoured to bring to the notice of the people concerned the dangers within the home of poisons, both tablet and liquid, fire, and the prevention of accidents to the aged.

Group teaching was given to ante-natal mothers at the Relaxation Classes. These discussions in the mothercraft groups are very valuable in that a wide selection of subjects can be discussed, showing that a preventive measure is always better than a curative one.

The Mobile Mass Miniature X-ray Unit visited the area, details of which are reported elsewhere. In connection with this visit posters, leaflets and pamphlets were distributed to all local schools, Old People's Welfare Association, local tradesmen, etc. Talks were given in schools and at clinics on the importance of this disease and its prevention. Particular attention was paid to the old age pensioners and they were encouraged to visit the Unit, which many did do.

National Assistance Act.

There was no occasion to use the provisions of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

Chiropody Service.

The Service continued to be popular, and the number of patients treated during the year increased considerably. Towards the end of the year we were notified by the Old Age Pensioners' Association that they wished to give up their separate service and asked us to include it in the Direct Service. This we agreed to do as from 1st January, 1965. The change, when it comes, will be merely academic, as the same Chiropodist will act. There will be 2 Chiropodists acting, each with his/her own clinic sessions.

The following are the statistics for 1964.

	County Direct Service		O.A.P. Assoc'n. Service		Total
	Clinic Domiciliary		Clinic Domiciliary		
Treatments	635	52	468	390	1,545
No. of Patients treated	133	44	95	93	365

Mental Health Service.

Steady progress is still maintained by the Mental Health Service, and liaison between the hospitals and the community services remains good. Monthly meetings between hospital staff and Mental Welfare Officers are held, where any problems on either side are discussed. These are found to be of great help to all concerned.

Unfortunately there is still a great shortage of beds for the aged, confused but ambulant patients, and at the present time there is no way of solving this problem. The hospitals, however, do give help in every way possible in dealing with these cases.

The general policy of Mental Hospitals is still that of early admission in cases of acute mental illness, intensive treatment, and discharge to the community as soon as possible; thus community care is becoming increasingly important in the mental health field, as is the responsibility of the Mental Welfare Officer in preventative care.

Out-Patient Clinics.

Out-patient Clinics are held at Barnsley Beckett Hospital on Monday and Wednesday; these are staffed by a Consultant Psychiatrist from Sheffield and one from Storthes Hall Hospital. The Clinics are also attended by the Mental Welfare Officers, which maintains the liaison with the hospital staff.

Admissions and Discharges to Mental Hospitals.

During the year 8 patients were admitted to Storthes Hall Hospital (4 male and 4 female). There were 13 discharges, 9 of whom asked for after-care. Admissions to Middlewood Hospital during that period were 2 females. There were 8 discharges (2 male and 6 female), of whom 3 asked for after-care.

It will be interesting to note that we are getting more informal admissions to Mental Hospitals, showing that people are now taking a more enlightened view of mental illness. In many cases these are re-admissions, which seems to show an acceptance of the need for early treatment.

Mental Subnormality.

The High Green Training Centre is a great asset, giving relief from worry and responsibility to a large number of parents for a part of each day. This relief can do much for the morale of parents of mentally handicapped children, especially those who have other young children or babies to care for.

The Care Unit at the Training Centre was so much in demand that it has now been expanded.

The Training Centre continues to provide useful training for its patients, and besides this has a thriving Parent/Teachers' Association and an active social programme.

The following are the statistics of the mentally subnormal cases in the Stocksbridge area.

Care and Guidance.

16 years and over.	Male	Female
In full employment	1	1
Fully employed and/or supervised at home	—	2
Working part-time	1	—
Training Centre	1	2
Training Centre refused	4	1
Unemployable or cot cases	2	—
Under 16 years.		
Training Centre	5	2
Working	—	—
Cot cases	2	1
	—	—
	16	9
	—	—

One of the above male junior cot cases was admitted to Dronfield Hospital during the year.

Distribution of Welfare Foods.

The amount of Welfare Foods issued in Stocksbridge Urban District during 1964 was as follows :—

- National Dried Milk — 2,856 tins.
- Cod Liver Oil — 159 bottles.
- Vitamin A and D Tablets — 216 (packets of 45).
- Orange Juice — 2,396 bottles.

These foods are issued at the following Centres throughout the Division on the days and times stated :—

Address of Premises	Days	Times
<p>STOCKSBRIDGE URBAN DISTRICT</p> <p>Child Welfare Centre, Johnson Street, Stocksbridge</p> <p>Stocksbridge Co-operative Society, Deepcar Branch, Manchester Road, Deepcar.</p>	<p>Tuesday</p> <p>Friday</p> <p>During Shop Hours</p>	<p>10—12 a.m. 1-30—3-30 p.m.</p> <p>10—12 a.m.</p>
<p>PENISTONE URBAN DISTRICT</p> <p>Child Welfare Centre, Shrewsbury Road, Penistone</p>	<p>Monday</p>	<p>2—4 p.m.</p>
<p>PENISTONE RURAL DISTRICT</p> <p>Child Welfare Centre, Golf Club, Cawthorne</p> <p>Stocksbridge Co-operative Society, Thurgoland Branch Thurgoland</p> <p>Mrs. Thickett, Post Office, Oxspring</p>	<p>Alternate Wednesdays</p> <p>During Shop Hours</p> <p>During Shop Hours</p>	<p>1-30—3-30 p.m.</p>
<p>HOYLAND NETHER URBAN DISTRICT</p> <p>Mrs. Mellor, Queen Street, Hoyland Common</p> <p>Child Welfare Centre, Miners' Welfare Hall, Hoyland</p>	<p>Thursday</p> <p>Tuesday</p>	<p>2—4 p.m.</p> <p>11—12 a.m. 2—4 p.m.</p>

Address of Premises	Days	Times
WORTLEY RURAL DISTRICT Clinic, Parish Hall, Oughtibridge	Thursday	2—4 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2—4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapelton	Wednesday	11—12 a.m. 2—4 p.m.
Clinic, Methodist Chapel, High Green	Tuesday	2—4 p.m.
Colley Estate Clinic, Wheata Place, Sheffield, 5.	Monday Wednesday	2—4 p.m. 2—4 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside.	Thursday	2—4 p.m.
Child Welfare Centre, Wharncliffe Silkstone Welfare Hall, Pilley, Nr. Barnsley.	Alternate Mondays	2—4 p.m.
Child Welfare Centre, Knowle Top, Stannington	Wednesday	2—4 p.m.
Child Welfare Centre, Congregational Church, Loxley	Alternate Tuesdays	1-30—3-30 p.m.
Mrs. Iles, Post Office, Wharncliffe Side	Friday	2—4 p.m.
Mrs. D. Harper, The Shop, Main Road, Dungworth	During Shop Hours	

GENERAL PROVISION OF THE HEALTH SERVICES.

Hospitals.

The Sheffield Regional Hospital Board is responsible for the provision of the Hospital Services covering this district. Infectious Disease cases are admitted to Lodge Moor Hospital, Sheffield. General cases are admitted to the Sheffield group of General Hospitals and occasionally to Barnsley Beckett Hospital.

Laboratory Services.

These services are available at the Public Health Laboratories at the City General Hospital and at Wakefield. The Medical Directors of each of these centres have been most helpful on a number of occasions and I am grateful to them for their advice and help.

Ambulance Service.

The district has cause for great satisfaction with its Ambulance Service, which functioned progressively throughout the year. No replacement vehicles have been delivered during 1964, and no additions were made to the fleet, comprising six modern, fully equipped vehicles operating from the Hoyland Depot and two from Penistone. When the occasion demands three vehicles are based at Penistone.

Work is to commence on the new extension scheme at Penistone which, when completed, will give the district and its neighbours a self-contained Unit, comprising not only garage accommodation, but a small office, messroom facilities, locker space, showers and toilet facilities. The staff of 7 drivers and attendants at Penistone work a three shift system as do the men based at the main depot in Hoyland, where work has commenced on enlarging the messroom in order to give the staff better conditions. No alteration has been made to the radio communication system, which ensures economical use of vehicles and, therefore, a high degree of efficiency in a service where speed is of the utmost importance.

CLINICS.

Child Welfare.

The Clinics held in Stocksbridge area are listed below, together with the number of attendances during the year 1964.

CHILD WELFARE CENTRES.

Name and Address of Centre Name of Doctor and Health Visitor in attendance	Day and Time of sessions	Total number of attendances during the year.	
		Number who attended for first time during 1964	Children up to 5 years
STOCKSBRIDGE Miner's Welfare Hall, Dr. D. Patterson, Miss A. G. M. Holden. Miss J. Incles	Tuesday p.m.	386	*1,991
Health Visitor session: Miss A. G. M. Holden. Miss J. Incles	Friday p.m.		

* These figures apply to both sessions at Stocksbridge.

The new clinic premises in Johnson Street were not available as had been anticipated, although at the end of the year construction was well advanced ; nevertheless the services were maintained. Ophthalmological, Ante-natal Relaxation Classes, B.C.G. Vaccination sessions were held in the Miners' Welfare Hall.

HEALTH VISITING.

The Health Visiting staff during 1964 was as follows :—

Name	Address	Telephone No.
Mrs. M. A. Laycock (Assistant)	6, Unsliven Road, Stocksbridge.	
Miss A. G. M. Holden	16, Laburnum Grove, Stocksbridge.	Stocksbridge 3509
Miss J. Incles	Barley Wood Road, Darnall, Sheffield, 9.	
Mrs. E. C. Haigh (Resigned 23/4/64)	Cliffe Hill, Cawthorne.	

During the year 1964 there were more changes amongst the Health Visiting Staff. Mrs. E. C. Haigh left the service at the end of April, and a replacement was not available until July, when Miss J. Incles joined the staff. In spite of the changes, routine Health Visiting duties were maintained at a reasonable level.

The Health Visitors' duties are principally concerned with the approach to positive health. Through her close relationship with the families both at clinic sessions and in home visiting, she is able to teach and advise on healthy living and the prevention of disease.

During the year Miss Holden and Mrs. Laycock attended courses of instruction in the testing of children suspected of deafness. Mrs. Laycock's duties were extended to visiting certain age groups of school children to eliminate the possibility of any child being deaf. These added duties caused some strain on the staff, but a high standard of work was still maintained.

The total number of visits made by the Health Visitors was 3,886, this increase in number being due to a more settled establishment of staff.

Tuberculosis Visiting.

The Health Visitor visiting Tuberculosis cases is employed solely for this aspect of field-work. Her duties and responsibilities are directed to visiting the cases notified as suffering from the disease. By domiciliary visiting she is able to enquire into the possible sources of infection, and ensure that all contacts attend the Chest Clinic to be seen by the Chest Physician and for X-ray.

HOME NURSING.

The Home Nursing staff during 1964 was as follows :—

Name	Address	Telephone No.
Mrs. A. M. Armitage	88, Fox Glen Road, Deepcar.	Stocksbridge 2294
Mrs. R. Chambers	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370

The Home Nursing establishment has been maintained throughout the year. The Home Nurses visited 158 new cases, with a total of 4,396 visits, and continued to give a very comprehensive service. They do not hesitate to avail themselves of the nursing equipment they are able to obtain on loan from the County to ensure that this full service is maintained. Both members of the staff are mobile.

MIDWIFERY SERVICE.

The Midwifery Staff during 1964 was as follows :—

Name	Address	Telephone No.
Miss R. Crossley	“Walderscroft”, Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. E. Steele	Lane Farm, Carr Road, Deepcar.	Stocksbridge 3310

There has not been any change in the Midwifery Service. Mothercraft and Relaxation Classes continue to be given to the expectant mothers. Group discussions on subjects which concern these persons were conducted at regular intervals.

During the year the Midwives attended a total of 87 confinement cases, of these 81 in the capacity of Midwives and 6 in the capacity of Maternity Nurses. (These figures include deliveries undertaken by the Relief Midwife).

The number of visits, however, paid by the domiciliary midwives to the midwifery cases following early discharge from hospital, has increased. Both Midwives are mobile.

During the year 45 cases availed themselves of Pethidene medication and 11 of Trilene Analgesia. Gas and Air Analgesia is now discontinued.

NURSING STAFF AS AT 1st JULY, 1965.

Health Visitors.

Name	Address	Telephone No.
Miss J. Ineles	Barley Wood Road, Darnall, Sheffield, 9.	
Mrs. M. A. Laycock	6, Unsliven Road, Stocksbridge.	

Home Nurses.

Mrs. A. M. Armitage	88, Fox Glen Road, Deepcar.	Stocksbridge 2294
Mrs. R. Chambers	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370

Midwives.

Miss R. Crossley	“Walderscroft”, Hollin Busk Road, Deepcar.	Stocksbridge 3135
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Domestic Help Service.

During 1964 a total of 15,674 Domestic Help hours were provided in the Stocksbridge Urban District. There were 25 Domestic Helps employed, attending a total of 102 cases. Of this total 53 cases were continued from 1963, the remaining 49 being new cases. The types of cases where domestic help was made available are as follows :—

Maternity Cases	.....	.....	.....	.....	.....	.....	14
General cases over 65 years	.....	.....	.....	.....	.....	.....	84
General cases under 65 years	.....	.....	.....	.....	.....	.....	1
Other cases	.....	.....	.....	.....	.....	.....	3
TOTAL							102

SANITARY CIRCUMSTANCES — 1964.

(Prepared by Mr. A. E. Kaye)

Nuisances.

Table showing the number and type of nuisance found and action taken during the year.

Blocked drains	.....	.....	.....	.....	.....	.....	.....	47
Blocked or defective sink wastes	.....	.....	.....	.....	.....	.....	.....	12
Blocked or defective W.C.'s	.....	.....	.....	.....	.....	.....	.....	11
Defective dustbins	.....	.....	.....	.....	.....	.....	.....	15
Defective roofs, eavesgutters and fallpipes	.....	.....	.....	.....	.....	.....	.....	6
Dampness — various causes	.....	.....	.....	.....	.....	.....	.....	8
Miscellaneous	.....	.....	.....	.....	.....	.....	.....	5
								<hr/> 104
Nuisances brought forward from 1963	.....	.....	.....	.....	.....	.....	.....	3
								<hr/>
Total needing abatement	.....	.....	.....	.....	.....	.....	.....	107
Abated during 1964	.....	.....	.....	.....	.....	.....	.....	107
								<hr/>
Outstanding December 1964	.....	.....	.....	.....	.....	.....	.....	—
Informal notices served	.....	.....	.....	.....	.....	.....	.....	45
Informal notices complied with	.....	.....	.....	.....	.....	.....	.....	45

Closet Accommodation.

Closet accommodation at the end of the year consisted of :—

52 Privies and 4764 Water Closets.

Privy Conversions.

No privy conversion notices were served during this year.

Refuse Collection.

Household refuse is collected from 4,006 dustbins, 52 Privies and 5 dry ashpits.

A weekly collection has been maintained throughout the year. The tip at Townend has continued in use for the disposal of refuse.

Sewage Disposal.

The new sewage works at Deepcar was substantially completed and in operation by the end of the year and should be completed in 1965. The work still to be completed consists of additional sludge drying beds and re-laying of one section of sewer through the steel works.

Ice Cream.

No new applications for registration were received during the year. 46 premises are registered for the sale (only) of Ice Cream.

Inspections.

28 Inspections were made of registered food premises during the year in addition to visits connected with the typhoid outbreak.

Meat Inspection.

The facilities for slaughter of animals are available to 3 Butchers in the area.

During the year 486 Beasts, 8 Pigs and 1,089 Sheep were inspected.

374 visits were paid to the slaughterhouse for this purpose.

The following organs found to be diseased were surrendered and disposed of :—

DISEASE	ANIMAL	Parts Surrendered LIVER
Abcess 	Beasts	3
Fluke 	Beasts	7
Cirrhosis 	Sheep	1

Other Foods.

The following other foodstuffs were surrendered and disposed of :—

Canned Meats	.....	.....	.....	.....	.....	103 lbs.
Canned Fruit	.....	.....	.....	.....	.....	408 lbs.
Canned Vegetables	.....	.....	.....	.....	.....	169 lbs.
Canned Milk	.....	.....	.....	.....	.....	10 lbs.
Meat	.....	.....	.....	.....	.....	78 lbs.

Food Premises.

The number of food premises in the area are made up as follows :—

Butchers	.....	.....	.....	.....	.....	.....	.....	15
Bakers	.....	.....	.....	.....	.....	.....	.....	2
Canteens	.....	.....	.....	.....	.....	.....	.....	5
Fish Shops	.....	.....	.....	.....	.....	.....	.....	8
Grocers	.....	.....	.....	.....	.....	.....	.....	53
Confectioners	.....	.....	.....	.....	.....	.....	.....	8

Water Supply.

A mains supply is available to 4,101 houses out of a total of 4,179 houses in the area.

Rodent and Insect Control.

Minor infestations of rats were found in private property some of these were dealt with by the department and others were treated by the owners with the help of the department.

The Refuse Tip and Sewage Works are reasonably free from rats due to periodic inspection and treatment.

Housing.

New Houses completed.

(a)	By Local Authority	.....	.....	.....	.....	18
(b)	Private Enterprise	.....	.....	.....	.....	56
						—
					Total	74
						—

Discretionary Grants.

24 Applications were granted for improvement of properties, these were owner occupied houses and the value of the grants was £3,532.

Standard Grants.

8 Applications were approved during the year and the amount paid against these was £351.

Loans for House Purchase.

New Houses	No. of loans granted		Total	Total Value
	Existing Houses	Improved Houses		
24	52	11	87	£115,510

NEW BUILDINGS AND DEVELOPMENT.

Proposals submitted for approval.

	Approved	Disapproved	Total
Garages	90	1	91
Garden Sheds, etc.	14	1	15
Sanitary Conveniences	48	—	48
Store Sheds	3	1	4
Alterations to Dwellings	35	—	35
Offices and Works Extensions	8	—	8
Residential Layouts	4	1	5
New Dwellinghouses	25	2	27
Extensions to Dwellinghouses	9	—	9
Electrical Substations	2	—	2
Alterations to Shops	8	1	9
Alterations to Churches	2	—	2
School & College Classroom			
Development	4	1	5
Clinic	1	—	1
Shops & Flats	4	1	5
Shops	1	2	3
Surgery	1	—	1
Band Hut	1	—	1
Car Park	1	—	1
Sports Pavilion	1	—	1
Showroom	1	—	1

FACTORIES ACT, 1961.

This table is enclosed by a request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars which are required by Section 153(1) of the Factories Act, 1961, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the text of the Report, should be attached as an annex to the Report.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1964 FOR THE URBAN DISTRICT OF STOCKSBRIDGE IN THE COUNTY OF YORKSHIRE.

Prescribed Particulars on the Administration of the Factories Act, 1961.

PART I OF THE ACT.

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	4	7	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	27	31	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	13	—	—
TOTAL	39	51	—	—

2.—Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”).

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	1	—	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	1	—	—	1	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of Outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel Making etc., clean- ing and washing						
Household Linen			Nil Return			
etc., etc. as per schedule						

Signature,

J. MAIN RUSSELL,

Medical Officer of Health.

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